

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Housing Opportunities Program  
for Persons with AIDS

**GRANT PROGRAM NO.** 06-10-AIDS**STATUTORY AUTHORITY:**

AIDS Housing Opportunities Act  
Housing and Community Development Act (1992)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide federal HOPWA funds to develop housing opportunities for low-income households with HIV/AIDS.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants can range up to \$500,000. Awards will begin on October 1, 2005, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the availability of federal funds. Continuation awards will not be made.

---

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community housing and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

---

**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

---

**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6328**FAX:** (609) 292-4244**E-MAIL:** carmine.grasso@doh.state.nj.us

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information may be included in the Request for Application. Concept papers will be accepted throughout the year.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.